

ART. XII. *Case of Compound Dislocation of the Ankle-joint, with a Dislodgegment of the Astragalus.* By S. POMEROY WHITE, M. D. of Hudson, N. Y.

ON the 18th of February ult. I was requested to visit David Rosseter, aged twenty, who had a compound dislocation of the left ankle-joint. The accident occurred in consequence of the fall of a bale of hay upon the outside of the leg. The weight of the bale was estimated at five hundred pounds. Upon arriving at Stuyvesant, the patient's residence, I proceeded to the examination of the limb, and found a laceration of the integuments of about three inches in extent across the inner ankle. The tibia was projecting inwards, the fibula had followed it, and the astragalus was thrown inwards and downwards, with its navicularian surface presenting at the orifice of the wound. The posterior tibial artery, and of course the deltoid ligament, were lacerated. Six hours had elapsed since the occurrence of the accident.

I first made simple extension and counter-extension. That made no alteration in the position of the bones, but brought on free haemorrhage from the posterior tibial. Pressure was then made upon the astragalus during the extension and counter-extension with the limb flexed. That had no effect whatever, and I began to think of extracting the astragalus. Before resorting to that unpleasant expedient, however, I concluded to make another effort to save the whole. Powerful extension and counter-extension were then directed with the limb flexed; at the same time, by placing my left hand on the outside of the foot, while standing on the inside, and by forcing the tibia out with my right hand, the whole joint became reduced. About an inch of the posterior tibial was isolated, and hung out of the wound, which was divided and secured. There was no fracture of the fibula in consequence of its being forced inwards with the tibia and astragalus. The wound was dressed with adhesive plaster, and with lint moistened in blood. The limb was laid upon its outside in a flexed position, and rather elevated. Splints and bandages were not used. The subsequent symptoms and treatment have been politely furnished by Dr. E. W. STEVENS, the attending physician.

February 19th. "Rested tolerably well; little or no tumefaction; slight symptomatic fever; diet light.

February 20th. "Ankle swollen and painful; fever; pulse 90; use a wash composed of acetate of lead and muriate of ammonia.

February 21st. "Rested none last night; limb pretty extensively swollen and painful; pulse 100, and full; tongue has a whitish coat; venes. $\frac{5}{2}$ x; dusky coat; sulphur magnes. given; wash changed to acetate of lead dissolved in spts. and water, applied every hour. 9, P. M. Excitement high; venes. $\frac{5}{2}$ xii.

February 22d. "Visited in connexion with Dr. S. P. White; limb continues to swell, and some discharge of synovia; pulse 120, and small, manifesting symptoms of high irritation; rested very little; cathartic operates powerfully; gave a Dover's powder which checked it; continue the wash as usual; at night another powder, and one grain of opium.

February 23d, A. M. "Slept soundly last night; pulse fallen to 84; limb less painful; commence giving strong beer freely; spt. mind., tinct. opii. gutt. xv. every four hours. P. M. Tongue clean in its centre; thirst abated; pulse 100, but softer; paucity of urine to-day, with some pain in passing it; no appetite; at night a full dose of tinct. opii.

February 24th. "Rested none last night; imagining the pain, (which is now violent,) might arise from pus pent up in, or about the wound, I thought best to remove the lint, but no accumulation could be found. On removing the dressings these appearances were exhibited—the wound completely filled with coagulable lymph and new granulations; pulse varying from 84 to 106; Dover's powder; acetate of ammonia; tinct. opii.; beer, &c. continued.

February 25th. "Examined the case with Dr. S. P. White; wound looks well; discharges freely good pus; pulse 100, soft; omit all washes, as there seems to be no more inflammation than is necessary to renovate the part; gave $\frac{5}{2}$ ss. ol. ric. as there has been no evacuation since the 22d, and flaxseed tea internally, with warm fomentations externally, to relieve strangury; strong beer and water as usual.

February 26th. "Sits up in an easy chair half an hour in a day; sore discharges freely; but little painful; slightly tumefied; pulse 100; tongue clean; allow a more generous diet; dress the wound with dry lint.

February 27th. "Has had violent and deep-seated pains in the limb for the last twelve hours, which appears to be in the ligaments, as the external appearance does not indicate an increase of inflammation. Warm poulticing procured ease.

February 28th and 29th. "Pulse 100; an opiate at night procures rest; very little pain; appetite improves; eats any food; omit the beer, and substitute wine, of which a glass is taken every two hours.

March 1st. "Sore discharges freely; no pain of consequence; sits up an hour or two in the day; gave 5ss. of ricini.

March 6th. "Takes bark; wine, &c.; apply red. precip. merc. to the sore occasionally; sits up a great part of the day.

March 10th. "Gaining rapidly; able to get from the bed to the chair alone; begins to move the joint.

March 15th. "Two-thirds of sore healed; walks with crutches.

March 30th. "Gone home to Richmond, (Mass.) sore mostly healed when went away; likely to regain the perfect use of the ankle-joint; it is now, and probably will continue to be for some time enlarged."

About a month after he left Dr. Stevens, I heard from him, and he was then recovering rapidly.

Hudson, May 31st, 1828.

ART. XIII. *Case of Bloody Infiltrations into the Labia Pudendi.* By JAMES GUILD, M. D. of Tuscaloosa, Alabama. [Communicated in a letter to Dr. DEWEES.]

I WAS called in haste, on the 10th of June, to see a robust, athletic negro woman, who, being just delivered of her fifteenth child, informed me that she got out of bed for the purpose of urinating, and there suddenly appeared, as she described it, a large knot in the groin. On examination, I discovered a tumour of the left labia, as large as a common child's head, which produced intolerable distress. I immediately made a longitudinal incision, the whole length of the tumour, with the shoulder of my lancet, and without hesitation extracted the entire contents, which was at least sixteen or twenty ounces of coagulated blood, which, in a great measure, alleviated the extreme anguish of the patient; having a poultice of charcoal applied, I left her. On my return the next morning I found her in great agony; on examination there appeared another tumour about the size of the former, though separate and distinct, and immediately below, extending down the adductor magnus femoralis muscle, I made an incision with my lancet similar to the one previously described, and by minute examination was not a little surprised to find two distinct cavities, the partition between was at least one inch and a half thick, and of firm muscular texture.